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**COMMONWEALTH of VIRGINIA**  
*COMPREHENSIVE SERVICES FOR YOUTH AND FAMILIES*

**REQUEST FOR**  
**STATE EXECUTIVE COUNCIL APPROVAL**  
**COLLABORATIVE MULTIDISCIPLINARY TEAM (S)**

The FAPT process is considered the *exemplary standard* for multidisciplinary teams for the CSA. The intent of the original CSA legislation was for multi-agency teams to work collaboratively and the State Executive Council supports the continuation of this objective. The State Executive Council also recognizes the CPMT as the CSA governing body at the local level, and expects all multidisciplinary teams to be accountable to the CPMT.

Please provide the following information clearly and concisely. Requests that are not submitted in this format will *not* be considered. If directly related to your locality's collaborative, multi-disciplinary team request, you may submit supplemental documents.

**CPMT**

**Chair:** \_\_\_\_\_.

**Participating**

**Locality(ies)** \_\_\_\_\_.

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

**Phone:** \_\_\_\_\_

**Date the CPMT Approved the Alternative Team**

**Structure:** \_\_\_\_/\_\_\_\_/\_\_\_\_.

1. **Indicate the representatives on the proposed multidisciplinary team (please complete a separate form for each different team requested).**

\_\_\_ CSU

\_\_\_ Health

\_\_\_ Schools

\_\_\_ CSB

\_\_\_ Parent

\_\_\_ Provider

\_\_\_ DSS

\_\_\_ Other (please list)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **What criteria will be used to determine which children and families will be served by the team?**
3. **Please provide a brief statement as to why you believe the proposed team will provide a review and assessment of services equal to that of a FAPT.**
4. **Describe the process, as defined by your CPMT, by which children and families will be referred to these alternative teams.**
5. **Describe the process for CPMT oversight of the multidisciplinary team actions. Identify the mechanism for approval of multidisciplinary team recommendations for CSA purchase of services.**

I understand that, state and federal laws/policies pertaining to CSA affiliated agencies; provisions in the CSA implementation manual and all other criteria specified in the Comprehensive Services Act (§ 2.2-5200 et seq.) <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-5200> must be followed by these teams.

I further understand that said provisions include but are not limited to: utilization management, uniform assessment, utilization review, and family/child involvement in service planning.

Further, that the CPMT will revise their policies to adequately reflect all changes and assure full accountability of the team to CSA policies and procedures.

Signature of Authorized CPMT  
Representative Submitting the  
Request: \_\_\_\_\_.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

\*\*\*\*\*

**State Executive Council Approval**

In conjunction with procedures approved by the State Executive Council of the Comprehensive Services Act for At Risk Youth and Families, I hereby approve the collaborative, multidisciplinary team described herein. It is understood that any team variation (other than the family assessment and planning team described in the Code of Virginia) will require submission of another application to the SEC.

Signature of Authorized SEC  
Representative: \_\_\_\_\_.

Date Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_.

*(Revised December 2002)*